

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ BANNING 135 N. Alessandro Rd., Banning, CA 92220
☐ HEMET 880 N. State St., Hemet, CA 92543
☐ RIVERSIDE 4100 Main St., Riverside, CA 92501

☐ INDIO 46-200 Oasis St., Indio, CA 92201
☐ TEMECULA 41002 County Center Dr., Bldg. C, Ste. 100, Temecula, CA 92591

RI-ADR02

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address)</p> <p>Telephone No: _____ Fax No. (Optional): _____ E-Mail address (Optional): _____ Attorney for (Name): _____</p> <p>PLAINTIFF: _____</p> <p>DEFENDANT: _____</p>	<p align="center">FOR COURT USE ONLY</p> <p>CASE NUMBER: _____</p> <p>MEDIATION COMPLETION DATE: _____</p>
<p>RESPONSE TO NOTICE OF COURT-ORDERED MEDIATION (Local Rule 3273)</p>	

This form must be filed and served with a proof of service on all parties and on any mediators named in 1(a) within **thirty (30) days** of the date stated on the "Notice of Court-Ordered Mediation" or the clerk will randomly assign a Civil Mediation Panel member to your case.

To select a Civil Mediation Panel member go to www.riverside.courts.ca.gov/adr/adr.shtml or to the civil clerk's office attorney window. Parties who select a mediator from another source should contact the court's ADR director at CourtADRDIRECTOR@riverside.courts.ca.gov

☐ **1(a). Parties Stipulate to a Mediator**

The parties agree that _____ may serve as their mediator. **Do not submit this form unless the plaintiff or defendant has completed and initiated the following:**

____ Plaintiff or ____ Defendant has given this mediator the "Notice of Court-Ordered Mediation" AND
____ Plaintiff or ____ Defendant has confirmed that this mediator will accept this case AND
____ Plaintiff or ____ Defendant has served this form on this mediator.

OR

☐ **1(b). Random Assignment of a Mediator**

The parties request that the clerk randomly assign a mediator from the following area of law:

☐ Business ☐ Employment ☐ Legal Malpractice
☐ Personal Injury ☐ Real Property ☐ No Preference

2. **The plaintiff will notify the mediator of the proposed location and 3 mediation dates/times that are acceptable to all parties.** Parties who fail to complete mediation by the completion date or who fail to appear at a scheduled mediation session are subject to an Order to Show Cause (OSC) and sanctions.
3. **The mediator, including private, non Civil Mediation Panel members, shall submit the "Mediator's Notice of Acceptance or Recusal" within 15 days of the date of this notice. The form is posted on the court's website at: <http://riverside.courts.ca.gov/localfrms/ri-adr03.pdf>**

Names and signatures of stipulating parties are as follows:

Date:

TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY
TYPE OR PRINT NAME	SIGNATURE OF PARTY OR ATTORNEY

Information and forms are posted on the ADR website: www.riverside.courts.ca.gov/adr/adr.shtml

PROOF OF SERVICE BY MAIL

(Must be attached to the original document at time of filing)

Case No. _____

I, the undersigned, say: I am over the age of eighteen years and not a party to the within action or proceeding; that my residence or business address is: _____

That on the _____ day of _____, I served a copy of the paper to which this proof of service by mail is attached, **RESPONSE TO NOTICE OF COURT-ORDERED MEDIATION**, by depositing said copy enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Postal Service mail box at the city of _____ California, addressed as follows: _____

Mediator named in 1(a)

Name: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California

(SIGNATURE)